

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2244

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 7 years IN ARIZONA 7 years		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa				
	C. CITY OR TOWN Phoenix <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS				
	D. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		D. STREET ADDRESS 4618 South 8th Place (IF RURAL, GIVE LOCATION)				
3. NAME OF DECEASED (TYPE OR PRINT) Julia		A. (FIRST)	B. (MIDDLE) E.	C. (LAST) HARLACHER	4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE John Harlacher		7. DATE OF BIRTH MONTH DAY YEAR Sept 25 1887	8. AGE (IN YEARS LAST BIRTHDAY) 58	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) At Home	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) La Crosse, Wisc.		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) *****	
14A. FATHER'S NAME Henry Klich		14B. BIRTHPLACE (STATE OR COUNTRY) Austria		15A. MOTHER'S MAIDEN NAME Mary (Unknown)		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
16. INFORMANT'S SIGNATURE John Harlacher, 4618 S. 8th Place, Phoenix		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 4 1955		INTERVAL BETWEEN ONSET AND DEATH Approx. 1 yrs	
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.						
	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Multiple metastases from carcinoma of the cervix DUE TO (B) Same as above DUE TO (C) ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.						
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 3, 1955, TO Oct. 4, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 3, 1955, AND THAT DEATH OCCURRED AT 12:01 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE John W. Jones		(DEGREE OR TITLE) M.D.		22B. ADDRESS 694 East Southern		22C. DATE SIGNED 10/4/55	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Oct. 6, 1955		25C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
26A. DATE REC. BY LOCAL REG. 10/5/55		26B. REGISTRAR'S SIGNATURE Sarah H. Taylor, Deputy Registrar		27A. FUNERAL DIRECTOR'S SIGNATURE W. E. Evans		27B. ADDRESS 330 N. 2nd Ave. PHOENIX, ARIZONA	